

# STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expense for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 24 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

#### PLEASE PRINT

I. Name of Lobbyist(s):

(Print Name of lobbyist)

Paul A. Worsowicz; Lisa K. Shapiro, Ph.D.; Ari B. Pollack

II. Name of Lobbyist's partnership, firm or corporation, if any:

		R, CALLAHAN & G	
602 229 1		Main Street, Concor 603-226-3477	worsowicz@gcglaw.com
603-228-1 (Telephor	V - V - V - V - V - V - V - V - V - V -	(Fax)	(Email)
	ers:  (Choose one – file sepa sactions which are not attr		ch client, OR you may file a separate report for client.)
All reportable tra	nsactions occurring in the m	onth prior to the repo	orting date relative to the following client.
	DEMOU	LAS SUPER MARI	KETS, INC.
	(Full Name of Client as it		
OR All reportable tra unrelated to any p		cluding the lobbyist's	s family), or the lobbying firm listed below which are
IV. Date of Report:	April 26, 2017 🛚		July 26, 2017 🔲
-	vity from date of registration	n to 3/31/17	activity from 4/1/17 to 6/30/17
	October 25, 2017		January 24, 2018 🗵
а	ctivity from 7/1/17 to 9/30/1	7	activity from 10/1/17 to 12/31/17
V. There have been no If this box is checked, co Concord, NH 03301.	fees received and no repor mplete just this form and su	table transactions n bmit it to the Secretar	nade since the last report.  ry of State's Office, State House, Room 204.
VI. Check if additiona	l reports are attached:		
		es, you must file <b>Ad</b> o	dendum A – Fees and Expenses
If you have paid Expense Reimbu	rsement		file <b>Addendum B</b> – Report of Honorariums or
If you, your firm	, or your family has made po	olitical contributions,	you must file Addendum C - Political Contribution
Sworn Statement/Affiri I have read RSA 15, RSA to the best of my knowle	A 15-B and RSA 664 and he	reby swear or affirm	that the foregoing information is true and complete
Signature of Lobbyist	orasing		/- 22-/8 (Date)
Paul A Worsowicz	, -		



## STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Paul A. Worsowicz; Lisa K. Shapiro, Ph.D.; Ar	i B. Pollack	
II. Name of lobbyist's partnership, firm or corporation, if any:		
GALLAGHER, CALLAHAN & GARTREI	LL. P.C.	
(Name of partnership, firm or corporation		
III. Name of Client DEMOULAS SUPER MARKETS, INC.	Date January 2	24, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above the lobbying, including fees for services such as public advocacy, government relational research, monitoring legislation, and related legal work. The gross feeby any expenses:	tions, or public relation	ons services,
a) Total of all fees received in this reporting period	a) \$	.00
b) Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.)	b) \$ 	6,025.00
c) Total of all fees received to date. (Add lines a and b)	c) \$ 	6,025.00
d) Indicate the amount of any such fees that are due, but have not yet been paid.	d) \$ 	125.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each clipbyist(s)/firm that are unrelated to any one client a separate report may be are to be reported in one of three categories of expenses: (a) the aggregat reporting period for salaries, benefits, support staff, and office expenses; (bexpenses where the expenditure was of \$25.00 or less (for example: meals put the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 the purchase of a ceremonial object given to a person being lobbied with a value statement of each individual expenditure made during this reporting period of covered by (a) (for example: purchase of a meal with value of greater than \$2 given to the subject of lobbying with a value greater than \$25, but not great legislative reception). Expenses for honorariums, expense reimbursement, or on separate addendums and should not be reported on Addendum A.	ient and if expendituration filed for the lobbyistic total of all expension) the aggregate total archased during a but at is given to the periof \$25.00 or less); agreater than \$25.00 for the perior for the period for the perior for the period for the perior for the period for	res are made by the (s)/firm. Expenses see paid during the of all individual siness lunch where reson being lobbied and (c) an itemized for any purpose no monial object to be that expenses for a
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ b) \$	312.50
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.		.00.
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 	

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: DEMOULAS SUPER MARKETS, INC.				
d) Total expenses for this reporting period.				
(Add lines a, b and c.)	d) \$	312.50		
e) Total of expenses paid this calendar year, prior to this reporting period.  (This should be the amount on line f of addendum A for last month's report.)	e) \$	4,400.00		
f) Total of all expenses year to date.	f) \$	4,712.50		
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobb period, including by whom paid or to whom charged.	oying fees during th	nis reporting		
Paid to:		Amount		
raid (i).	\$ —			
	\$			
		· · · · · · · · · · · · · · · · · · ·		
	\$ <u></u>			
	\$ _			
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing	g information		
Carl ale ormer	/-22-1 8 (Date)			
(Signature of lobbyist)	(Date)			
Paul A. Worsowicz (Print Name of Lobbyist)				
(1 Internation boody tot)				

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affi Statement of Income a			
Name of Lobbying part	nership, firm or corporat	ion: GALLAGHER, CAL	LAHAN & GARTRELL, P.C.
	olank if Statement is for t Demoulas Super Market		poration and not related to any
Date of Report (check	one):		
April 26, 2017 🛘	July 26, 2017 🗆	October 25, 2017 🗆	January 24, 2018 🔀
I have read RSA 15, RS following Addendums submitted):	SA 15-B, RSA 664, the S submitted with that State	Statement of Income and Exement (insert the number of	penses described above, and the Addendum forms being
1 Addendum A(s).			
0 Addendum B(s).			
0 Addendum C(s).			
I hereby swear or affirm complete to the best of	m that the foregoing info my knowledge and belie	rmation on the Statement aref.	nd each Addendum is true and
16			1/23/18
(Signature of Lobbyis	t)		(Date)
Lisa K. Shapiro, Ph.I (Print Name of lobby			

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn	Staten	nent/Aft	irma	tion	by l	Lobby	/ist
Statem	ent of	Income	and	Expe	ense	s for:	